



August 27, 2002

Mayor Wesely and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Cluricaun Wines, 825 'M' Street Suite 211 requesting a class x wholesale liquor license.

Cluricaun Wines will be a wholesale liquor license which specializes in the sale of various wines.

Timothy Burke, owner of all shares has requested that he be approved as the owner / manager of the liquor license.

Background information on the application is as follows:

Timothy Burke was born in Patrick, Florida. He attended the University of Nebraska graduating in 1988.

Timothy Burke employment history is as follows:

1999 - present	Manager, Nebraska Club	Lincoln, NE.
1994 - 1999	Manager, Di Napoli	Lincoln, NE.
1994 - 1996	Manager, Pablo's Coffee	Denver, CO.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



Police Department
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us

A nationally accredited law enforcement agency



Liquor License Business Report / Completed by Inv Fosler Date: _____

DBA: CLUTICAN WINES

ADDRESS 825 M #211 PHONE _____

TYPE OF INVESTIGATION:

PURCHASE ☐ UPGRADE ☐ EXPANSION ☒ NEW
☒ OWNER ☒ MANAGER ☐ OTHER _____

TYPE OF BUSINESS Wholesales - wine

CLASS: A B C D I J K CATERING OTHER ☒

OWNERSHIP ☒ CORPORATION ☐ PARTNERSHIP ☐ INDIVIDUAL

PURCHASE PRICE _____ PROPERTY EQUIPMENT VALUE _____

AMOUNT FINANCED 5000 SOURCE PERSONAL LOAN

COLLATERAL _____ COSIGNER(S) _____

LEASE AGREEMENT 1yr 135 mo

EST INCOME %FOOD 100 %LIQUOR 100

COMMERCIAL ☒ INDUSTRIAL ☐ RESIDENTIAL

TRAFFIC N/A PARKING N/A

READY FOR OPERATION: YES ☒ NO ☐ EST DATE 9/2002

FOOD SERVICE _____ # OF EMPLOYEES F/T 1 P/T 0

DOES LICENSE COMPLY WITH LEGAL DISTANCES: YES ☒
NO ☐

EST SEATING N/A EST # DAILY CUSTOMERS N/A

HOURS OF OPERATION N/A

HUMAN RIGHTS COMMISSION CHECKED YES NO ☒ N/A

Liquor License Investigation

Business (DBA) CLURICAN WINES

☒ Manager ☒ Owner Other _____

Name: TIMOTHY BURKE

US Citizen ? ☒ Yes No

Has applicant ever been cited for liquor law violations ? ☒ No Yes
Explain _____

Does applicant have an interest in another liquor license ? ☒ No Yes
Explain _____

Is spouse qualified to hold a license ? Yes No ☒ N/A

How is applicant if not an owner to be paid ? Salary Hourly N/A

How many hours will applicant be at the establishment ? 60+

Any other employment ? ☒ No Yes, explain _____

Any previous experience with a liquor license ? ☒ Yes No

Any criminal convictions ? ☒ No Yes
Comments _____

Is applicant a property owner in Lincoln ? Yes ☒ No

Is applicant involved in any civil litigation ? ☒ No Yes
Comments _____

☒ Photo ☒ Records Check ☒ References

Comments _____

Interview Date 8/27/02

Kuss
STATE OF NEBRASKA

Set date: 8/26
PH: 9-16-02



Mike Johanns
Governor

August 19, 2002

NEBRASKA LIQUOR CONTROL COMMISSION
Forrest D. Chapman
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (TTY)
web address: <http://www.nol.org/home/NLCC/>

City Clerk of Lincoln
City/County Building
555 S 10 Street
Lincoln, NE 68508

95862
89

RE: Wholesale Liquor License X #56531 (Inside Corp Limits)

Dear City/County Clerk:

The applicant Cluricaun Wines LLC DBA Cluricaun Wines located at 825 "M" Street, Suite 211, Lincoln, NE 68508 (Lancaster County) has submitted an application for a wholesale liquor license. The area to be licensed is approximately a 10 x 16 area (see attached information). The description for the licensed area will be read as follows: Suite 211, Entire area approx 10 x 16.

Please present this wholesale liquor license application to the Council for consideration and return the results to the Nebraska Liquor Control Commission office. If you should have any questions, please feel free to give me a call at (402) 471-4881.

Sincerely,

Jackie B. Matulka
Jackie B. Matulka
Licensing Division

Enclosure
pc: File

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

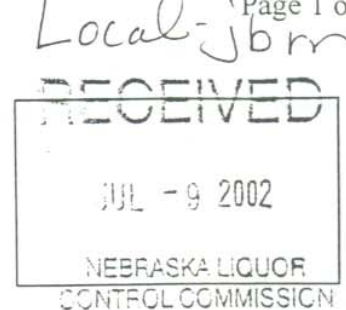
Printed with soy ink on recycled paper

X #56531

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
PO Box 95046,
301 Centennial Mall South
Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>
Phone: (402) 471-2571
Fax: (402) 471-2814



INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in Triplicate 8. Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

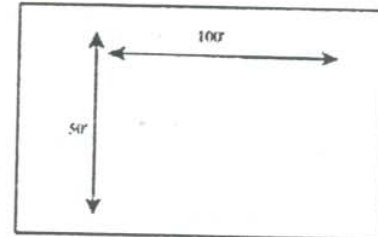
Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input checked="" type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

TYPE OF APPLICATION *		CORPORATE SURETY BOND INFORMATION	
Type of application being applied for (check appropriate box) 1. <input type="radio"/> Individual License requires Form 1 to be attached. 2. <input type="radio"/> Partnership License requires Form 2 to be attached. 3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached		Bond Company - for Classes L V W X Y only <u>UNION LIABILITY</u> Start Date Month/Day/Year <u>6-10-02</u> Bond Number <u>233-61-21</u>	
SECTION A - LOCATION INFORMATION - Must be completed by all applicants			
Trade Name (name of business) <u>Cluricaun Wines</u>		Telephone Number at premise to be licensed <u>(402) 438-8699</u>	
1) Street Address of Proposed licensed premise <u>1129 Harrison Avenue #2</u>		2) Mailing Address for receipt of Liquor Control Commission mailings <u>1129 Harrison Avenue #2</u>	
City <u>Lincoln</u>	County <u>Lancaster</u>	City <u>Lincoln</u>	County <u>Lancaster</u>
Zip Code <u>68502</u>	#2	Zip Code <u>68502</u>	

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.

N ↑



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

(ENCLOSED)

see attached diagram

SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments Note: Only what is visible on screen will be printed
	Yes	No		
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		

<p>* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.</p>	<p>Wells Fargo Bank-Downtown Branch Timothy P. Burke</p>		
<p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p>	<p>Di Napoli Ristorante 201 N. 7th St. L.L.C. Timothy P. Burke (Manager) Business Closed</p>		
<p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p>	<p>Timothy P. Burke 60 hours per week</p>		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	15 years restaurant management experience. <input type="checkbox"/> Enrolling in Responsible Hospitality Council Training Course. <input type="checkbox"/>
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)	Attached <input type="checkbox"/> <div style="font-size: 1.5em; text-align: center;">Lease expires 5-1-03</div> <input type="checkbox"/>
15. When do you intend to open for business?	6/1/2002 <input type="checkbox"/>

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Timothy Burke	2000	2002	Lincoln, NE
	1997	1999	Boulder, CO
	1995	1997	Denver, CO
	1992	1997	Lincoln, NE

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign
here 

Sign
Here _____

Sign
Here _____

Sign
Here _____

Sign
Here _____

Sign
Here _____

Sign
Here _____

Sign
Here _____

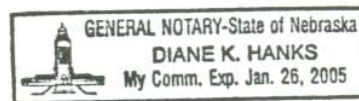
RECEIVED

JUL - 9 2002

NEBRASKA LIQUOR
CONTROL COMMISSION

Subscribed in my presence and sworn to before me this 18th day of April, 2002

(SEAL)



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign
here 

Notary Public Signature

Verify & Print form

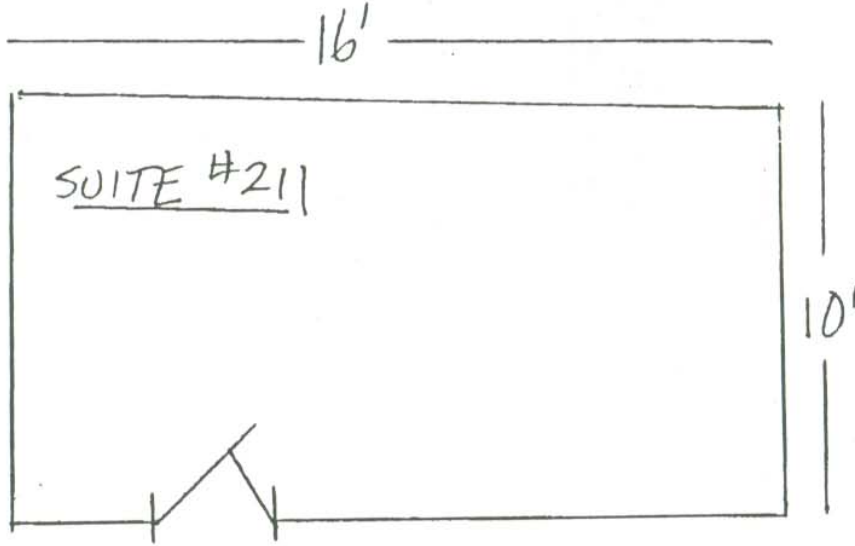
FORM 35-4010

1

REV 1.01

Date: 8/14/2002 Time: 8:54:20 PM

From: Troy Falk To: Jackie Matulka



CLURICAWN WINES LLC

825 'M' STREET # 211

LINCOLN NEBRASKA, 68508

one story area
no basement

COPY

Premise
description

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

RECEIVED

JUL - 9 2002

NEBRASKA LIQUOR
CONTROL COMMISSION**INSTRUCTIONS:**

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation				Total Number of Shares (if corporation)	
<u>Cluricaun Wines LLC</u> *				<u>100</u> *	
Corporate Street Address			Mailing address for receipt of Liquor Control Commission Mailings		
<u>1129 Harrison #2</u> *			<u>1129 Harrison # 2</u> *		
Corporate Telephone Number	City	County	State	Zip Code	
<u>402-438-8699</u> *	<u>Lincoln</u> *	<u>Lancaster</u> *	<u>NE</u> *	<u>68502</u> *	-
Name of Registered Agent			Name of Proposed Manager		
<u>Timothy P. Burke</u> *			<u>Timothy P. Burke</u> *		

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name	Title	Date of Birth
<u>Timothy P. Burke</u> *	<u>CEO</u> *	
Social Security Number	Home Address (1)	City
	<u>1129 Harrison #2</u> *	<u>Lincoln</u> *
State	Zip Code	Home Telephone Number
<u>NE</u> *	<u>68502</u> *-	<u>402-438-8699</u> *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name <u>Timothy Paul Burke</u>	<u>507-02-6481</u>	<u>06/27/1964</u>	<u>CEO</u>
Spouse Name <u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
Partner Number of Shares / % <u>100</u>	Spouse Number of Shares / % <u>N/A</u>		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases			
Name N/A	Social Security Number N/A	Date of Birth N/A	Title N/A
Spouse Name N/A			
Partner Number of Shares / % N/A		Spouse Number of Shares / % N/A	
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases			
Name N/A	Social Security Number N/A	Date of Birth N/A	Title N/A
Spouse Name N/A			
Partner Number of Shares / % N/A		Spouse Number of Shares / % N/A	
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases			
Name N/A	Social Security Number N/A	Date of Birth N/A	Title N/A
Spouse Name N/A			
Partner Number of Shares / % N/A		Spouse Number of Shares / % N/A	
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases			
Name N/A	Social Security Number N/A	Date of Birth N/A	Title N/A
Spouse Name N/A			
Partner Number of Shares / % N/A		Spouse Number of Shares / % N/A	

(If Necessary, Continue on Separate Sheet)